

DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES
DEVELOPMENTAL DISABILITIES PROGRAM



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DPHHS-DSD

June 20, 2006

TO: Wayne Edwards, Board President, Central Montana Medical Center
David Faulkner, CEO, Central Montana Medical Center
Brenda Wilmont, DDP Case Management Supervisor

FROM: Bob Trent, Quality Improvement Specialist
Developmental Disabilities Program

SUBJECT: Annual Quality Assurance Review

Attached is the first Annual Quality Assurance Review of Developmental Disabilities Case Management services provided by the Central Montana Medical Center. This review covers the period from April 2005 through April 2006.

cc: Suzn Gehring, DDP Regional Manager
Tim Plaska, DDP Community Services Bureau Chief
John Zeeck, DDP Quality Assurance Specialist

Case Management Quality Assurance Review

Agency: Central Montana Medical Center (CMMC)

Case Managers Reviewed: Erlonna Erickson and Barb Sanford

Date of Review: 5/10/06

QIS: Bob Trent

Case Load Sizes:

Erlonna (24 hours/week): 25 clients (18 in services; 7 with Case Management only).

Barb (36 hours/week): 44 clients (33 in services; 11 with Case Management only).

-Case Loads were found to be within the stipulated ratios of 47 clients per Case Manager.

Files Sampled:

Two files were reviewed for each Case Manager; one for a person receiving DDP-funded services, and the other for a person receiving Case Management Services only.

Erlonna:) (in-services);) (Case Management only)

Barb: ' (in services); ' (Case Management only).

Annual face-to-face contacts (for files reviewed):

Erlonna: 13 for the individual in services; 3 for the individual receiving Case Management only.

Barb: 24 for the individual in services; 12 for the individual receiving Case Management only.

-Face to face contacts were found to exceed the requirements of 4 face-to-face contacts per year for consumers in DDP services, and 2 face-to-face contacts per year for consumers receiving Case Management services only.

For the individuals receiving DDP-funded services, a client survey and a Waiver 5 form were present in each file. Quarterly Reviews were up to date and indicated that services were being delivered according to the IP. Examples of services being coordinated by the Case Manager include the hospital and a nursing facility, hospice, Occupational Therapy, Home Health, DA Davidson, and the Medicaid and Social Security Offices. There were no Adult Protective issues in either of the files reviewed.

-Note: The file for) contained letters which had the names of other consumers. I would recommend that in order to protect confidentiality, the names of all other consumers be redacted from the letters.

For the individuals receiving only Case Management Services, there was a completed, current Individual Service Plan (ISP). Both individuals were on the waiting list for services, and the referrals were found to up-to-date. Examples of additional resources being accessed included LIEAP, the Food Bank, SAVES, Vocational Rehabilitation, and the public school system.

In summary, the files were well organized and up-to-date. No deficiencies were noted; however, as mentioned above, care should be taken to preserve confidentiality, and individual files should not contain letter with other consumers' names in them.

Bob Trent
QIS

6/20/06
Date